

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**APPLICATION OF:**

**WHITSON, Debi**

**Group Art Unit No.: 3626**

**Serial No.: 09/802,546**

**Docket No. 36357**

**Filed: March 9, 2001**

**Examiner: PORTER, Rachel L.**

**PROCESS OF INTERFACING A  
PATIENT INDIRECTLY WITH THEIR  
OWN ELECTRONIC MEDICAL  
RECORDS**

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**Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

**DECLARATION OF HARVEY SEROTA, MD, FACC UNDER 37 C.F.R. § 1.132**

1. I, Harvey Serota, MD, FACC of 11155 Dunn Road, Suite 304E, St. Louis, Missouri 63136, am making this declaration in support of the above-referenced patent application (the "Application"). I am not an inventor of the invention described in the Application, and I do not have any ownership interest in the Application. Furthermore, I have never been employed by Debi Whitson.

2. I am a doctor specializing in cardiology and am a member of St. Louis Heart and Vascular, P.C. (the "Practice"), which is a medical practice having eight doctors and located in St. Louis, Missouri. The Practice administers care to approximately 10,000 patient per a year.

3. In approximately January 2006, my Practice decided that it wanted to purchase and implement an electronic medical record ("EMR") system. We began reviewing and evaluating EMR systems for purchase. Because the cost of an EMR system

can be many tens of thousands of dollars, it was important to our Practice to purchase software that provided as many features as possible. We evaluated approximately five EMR systems.

4. Although each of the EMR systems that we evaluated were competitive in price and functional capability with respect to the EMR itself, we ultimately chose to purchase GE's Centricity EMR system because PatientLink™ was add-on software that was operable with the GE Centricity system. At the time that we were purchasing an EMR system, PatientLink™ was only offered as an add-on software to GE's Centricity system.

5. PatientLink™ allows us to input patient information, such as the patient's medical history, environment, symptoms, and other pertinent information, directly into the EMR. We provide the patient with a scantron type of card on which the patient enters his/her information. An employee then scans the card, and the PatientLink™ software imports the information on the card into the EMR so that it can be accessed by the nurse or doctor once the patient is seen in the examining room.

6. Without PatientLink™, a nurse, doctor, or other person authorized to have access to the patient's information would have to manually enter the patient's information into the EMR. This is more time consuming and costly to the Practice, because someone has to take time to manually enter the patient information into the EMR. In contrast, with PatientLink, I estimate the Practice saves approximately 10 minutes per patient of having to manually enter the information.

7. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Respectfully submitted,



Harvey Serota, MD, FACC

Date